

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Ph</i>	<i>67614</i>	<i>9/11/00</i>
O.I.P.E. CLASSIFIER		<i>14</i>	<i>9/15</i>
FORMALITY REVIEW	<i>TJ</i>	<i>50830</i>	<i>12-16-00</i>
RESPONSE FORMALITY REVIEW	<i>TS</i>	<i>71410</i>	<i>3-5-01</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	N	N	N
12	N	N	N
13	N	N	N
14	N	N	N
15	N	N	N
16	✓	✓	✓
17	✓	✓	✓
18	✓	✓	✓
19	✓	✓	✓
20	✓	✓	✓
21	✓	✓	✓
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23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	N	N	N
27	N	N	N
28	N	N	N
29	✓	✓	✓
30	✓	✓	✓
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49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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